THE CANCER LETTER

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NCI'S $65 MILLION TO NTP WILL BE CONTROVERSIAL, UNTOUCHABLE; SPECTRE OF ANOTHER BACKLOG LOOMS

NCI's contribution of $65 million to the National Toxicology Program in the proposed 1981 fiscal year budget probably will turn out to be the most controversial aspect of budget discussions this year. Controversial or not, it is one of the untouchables in the budget.

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In Brief

FREDRICKSON OKAYS NCI REORGANIZATION, PLAN AT HEW; MILLER LEAVES INTERNATIONAL AFFAIRS JOB

NIH DIRECTOR Donald Fredrickson has signed off on NCI's reorganization plans and sent them on to Asst. Secretary of Health Julius Richmond. Hopefully, the questions raised by NIH which NCI staff finally was able to resolve last week won't be repeated with more nitpicking at HEW. The programs slated for the new division replacing the Div. of Cancer Control & Rehabilitation have been in somewhat of a turmoil awaiting implementation of the reorganization. The process of selecting a director also has to wait until reorganization has been approved. . . . **ROBERT MILLER**, director of the NCI Office of International Affairs, has asked to return full time to his permanent job as chief of the Clinical Epidemiology Branch in the Field Studies & Statistics Program of the Div. of Cancer Cause & Prevention. **JOSEPH SAUNDERS**, who has been deputy director of the international affairs office, has been moved up to acting director. . . . **JOSHUA LEDERBERG**, chairman of the President's Cancer Panel, in comments at the recent meetings of the National Cancer Advisory Board and Panel: "I assure you I have a completely open mind on Cancer Program strategies. . . . I don't believe there are vast resources in the NCI budget which can be reprogrammed. We are not near the point of no return on our investment. The nation must make a conscious decision on what it is leaving undone by failing to provide sufficient funds for cancer research. I don't feel any has been wasted. The choices we have in funding are between good, better and best." **VINCENT DEVITA**, NCI acting director: "Look at the cost effectiveness we have already realized, with the advances in treatment over the last decade. It has been enormous. It turns the Cancer Program into an annuity." Lederberg: "The best is yet to come is the view of basic scientists, myself included. DNA splicing for interferon production is a small crystal on top of the iceberg." . . . **RESPONDING** to a question by NCAB member Sheldon Samuels on whether the NCI director can know enough about what is going on in the Cancer Program to lead it effectively, DeVita said, "Benno Schmidt once asked me if I knew everything that was going on in the grants program, to take advantage of advances in treatment. I told him I didn't, but scientists are not shrinking violets about their discoveries, and ways exist to permit them to pop to the surface.".

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NO BACKLOG IF MONEY, POSITIONS DON'T BECOME BOMBERS, NIEHS' CARTER SAYS

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That amount represents 6.5% of NCI's entire budget. It is almost equal to the entire amount budgeted for cancer center core grants; it is twice the budget for Cooperative Groups, and almost twice that of the entire budget for manpower training. It is equivalent to the entire budget for Cancer Control.

The NCI portion of NTP's budget pays for the routine carcinogenesis testing of chemicals and for research in carcinogenesis testing methodology. Before the advent of NTP, NCI was spending about $20 million a year for those efforts. Even then, there were those within NCI and elsewhere who felt that the institute should not be so heavily involved in testing; that should be a function of the regulatory agencies and of industry, they argued.

That was not the view of the advocates of a greater emphasis on prevention, especially those who believe that chemicals in the environment are a major factor in cancer etiology. That faction gained the support of Congressman David Obey, who as a member of the House HEW Appropriations Subcommittee has been the prime mover in securing huge increases for carcinogenesis testing—now through the transfer of NCI funds to NTP.

Last year when the President's budget request failed to include enough for NTP even to finish work on all compounds then being tested, much less put 100 new ones on test as demanded by Obey, the Wisconsin Democrat reacted by getting the committee to order $15 million transferred from Cancer Control and construction to NTP. Obey insisted that NCI should add $23 million to its NTP contribution, with another $2 million to be reprogrammed from other cancer programs and $6 million added by the committee. The Senate would not go along with the reprogramming, but NCI agreed to take $23 million for NTP out of the extra $67 million Congress added to the budget, making NCI's support of NTP $45 million in the 1980 fiscal year.

Knowing full well that Obey would be demanding another 100 chemicals be added next year, NCI went along in advance this time, sweetening the NTP pot by $20 million.

Cancer center executives, Cooperative Group members and others involved with the Cancer Program who feel they are being starved out looked hungrily at the $45 million this year; they will view the $65 million ravenously.

Their argument that this is money which should be going into cancer research will not find much support on Capitol Hill. Obey and some of his colleagues feel that carcinogenesis testing is an appropriate activity for NCI. They contend that money Congress adds for NTP above the budget request is extra money and should not be considered as coming out of the research budget.

With the surge of new compounds by the hundreds going on test, the spectre of another "backlog" haunts some NCI and NTP staff members. It has been only a year since the last of the infamous backlog of test reports were published on compounds which had been through the NCI Bioassay Program.

That backlog was brought about when, flush with money from the huge increases provided by the National Cancer Act of 1971, NCI rushed several hundred compounds into the Bioassay Program. Inadequate appreciation of the amount of work involved in analyzing test results, writing reports and assessing human risks along with limits on staff positions all combined to cause the backlog. When reports still had not been published two years and more after tests had been completed, environmentalists and some congressmen, including Obey, were outraged.

The backlog backlash, in fact, was partly responsible for establishment of NTP, combining the Carcinogenesis Testing Program from NCI with elements from FDA, National Institute of Occupational Safety & Health and National Institute of Environmental Health Science.

Are we heading for Backlog II? ***The Cancer Letter*** asked Charles Carter, NIEHS scientific director.

"It could happen to us," Carter said. "We've told everyone what we need to do what is expected of us. If we get the positions and the money, we will have no problem with a backlog. But if those dollars and positions are converted to B-1 bombers, we probably will have a new backlog."

NIEHS is located at Research Triangle Park, N.C., the only NIH institute not headquartered at the Bethesda campus. Because NIEHS Director David Rall is also NTP director, NTP is headquartered at Research Triangle Park, although most of the carcinogenesis contingent is still in Bethesda.

An Executive Committee is NTP's primary advisory group. This is composed of the heads of FDA, Occupational Safety & Health Administration, Consumer Product Safety Commission, Environmental Protection Agency, NIH, NIOSH, NCI, and NIEHS. Eula Bingham, who heads OSHA (which is part of the Dept. of Labor), is the current chairman of the Executive Committee.

The program also has a Board of Scientific Counselors to advise on matters of scientific content and policy and evaluate the merit and overall quality of the program's scientific components.

Norton Nelson, New York Univ. and recently retired director of NYU's Institute of Environmental Medicine, is chairman of the Board. Other members are Joseph Dunbar, Wayne State Univ.; Curtis Harper, Univ. of North Carolina; Margaret Hitchcock, Yale Univ.; Marjorie Horning, Baylor Univ.; Mortimer Mendelsohn, Lawrence Livermore Laboratory; Thomas Shepard, Univ. of Washington; and Alice Whittemore, Stanford Univ.

NTP's annual plan for the 1980 fiscal year describes the program's mission and priorities:

The National Toxicology Program must develop and validate new test methods that will allow us to determine more quickly and less expensively the full toxicologic potential of a compound. To do this, NTP must use advances in basic knowledge of biological processes to design these new methods. NTP is in a unique position to do this because through its Executive Committee, NTP joins the basic research of HEW to the more immediate needs of the regulatory agencies. The task is difficult, but it is of the highest importance and should result in major improvement in public health.

A number of new test methods is being validated in FY 80. These include the microbial mutagenesis assays, mammalian cell transformations, and immunology, and neurobehavioral test batteries. If the scientific community, the regulatory agencies, and ultimately the public are to accept the test methods which are used by NTP and the private sector to determine if compounds pose toxicologic risks, then this validation process must include several assurances. Firstly, each test must be reproducible over time and among laboratories. Secondly, the test must measure or predict what it is expected to measure or predict. Thus, for example, a test must show that mutagenic compounds are mutagenic and that nonmutagenic compounds are not mutagenic.

The selection of compounds for the NTP testing process is critical. Input into the selection process comes mainly from the research and regulatory agencies on the Executive Committee, and will be specifically invited from other public and private sectors in FY 1980. In addition, a "testing needs study" will be initiated. This study will show how many compounds should be tested for toxicity, indicate specific compounds which should be considered for testing and whether this process will provide useful input for the NTP chemical selection process.

Important features of this FY 80 annual plan include:

–Development of sequential test phases to allow identification of toxic chemicals as rapidly and precisely as possible. This will include short term tests for mutagenesis, carcinogenesis, neurobehavioral toxicity, and general toxicity. Many of these tests have been developed and need either refinement and validation or only validation.

–As resources permit, development of test systems to identify certain other toxic effects in laboratory animals–effects on the immune system, the cardiovascular system, certain aspects of the reproductive system, etc.

–Prediction of the relation between level of exposure and extent of damage to human health. Termed quantitative risk assessment, this difficult process will assist regulatory agencies in protecting the public health at a minimal cost to the nation's economy. NTP scientists are among the leaders in research in this area and will continue their efforts. Further, through the use of research grants, the strengths of the academic community will be brought to bear on this problem.

–Maintenance of or, as resources permit, increases in the number of compounds being started on long (and short) term tests.

–Development of a system for outside review of test results and validated test methods and a system for communicating these results as rapidly and as accurately as possible.

–Development of a list of known and suspected carcinogens with the required supporting information such as estimates and nature of exposures; presence or absence of effluent, ambient, or exposure standards; and effectiveness of these standards. This information will be reported annually on a calendar year basis as required by Public Law 95-622. Both HEW agencies and the participating non-HEW regulatory agencies are contributing to the development of this list.

–Initiation of a program to determine the number of chemicals with the potential for significant human exposure and the fraction of those that have been adequately tested for toxic effects. This testing needs study will provide an assessment of how great is the problem of untested potentially toxic compounds.

–Continuation of responsiveness to current health problems. Specifically:

–NTP is testing or has tested many chemicals found in toxic chemical waste dumps, such as the Love Canal.

–NTP will initiate a program to test combinations of these chemicals.

–NTP will continue to test components of Agent Orange.

–NTP is studying the effects of oral ingestion of asbestos as well as the effects of the inhalation of fiberglass and various sizes of asbestos.

–NTP will study toxic effluents from synfuel production that may create environmental and occupational hazards.

NTP expects to start 75 chemicals on test in 1980, rather than the 100 asked by Obey. The problem of positions was taken care of for the moment when the White House agreed to let NTP have the 28 provided in the appropriations bill. The plan notes:

The program's strategy is to assure that the most important chemicals from a public health point of view are tested and that end results are relevant to the research and regulatory agencies interested in each chemical. Further, the results will provide better information for assessing risk associated with those chemicals found to be carcinogenic. Emphasis is also being given to validation of quicker methods of determining carcinogenicity.

NTP determined that its carcinogenicity testing program could be best performed through direct management and supervision of each chemical test. Therefore, existing prime contract management resources will not be utilized for any tests started in FY 80; testing activities initiated prior to FY 80 will continue to proceed through the prime contract mechanism .

Most chemicals selected for testing by NTP are selected because too little is known about their toxicologic effects and the potential exists for considerable human exposure. The NTP toxicology testing strategy, to be initiated in FY 80, is to identify with assurance the major toxic effects for each chemical studied on chronic tests. This will include damage to critical targets such as the lungs, liver, and nervous system, as well as the identification of carcinogens and mutagens. Thus, the phase 1 tests should result in a core of toxicology data essential to the proper design of more extensive studies.

Using the information from the phase 1 rodent toxicologic screen, more extensive toxicologic testing can be started with increased capabilities to confirm and define those toxicities identified in the screen. The plan in FY 80 is to initiate testing on 75 chemicals in the toxicologic screen and to enhance the toxicologic characterization capabilities in neurobehavioral toxicology, immunology, and chemical disposition. Fertility and reproductive toxicology, and cardiovascular toxicology continue to be inadequately addressed within NTP, and new test systems need to be developed and are being pursued.

A continuing area of major testing emphasis is genetic toxicology. NTP strategy for FY 80 is to increase the rate of in vitro microbial mutagenesis testing to 300 chemicals, to commence parallel testing in cultured mammalian cells at a rate of 70 chemicals, and to commence phase 2 testing utilizing drosophila systems at a rate of 30 chemicals per year. All chemicals selected for lifetime carcinogenicity bioassay and testing in the toxicologic screen will be first tested in the in vitro genetic toxicity tests.

The strategy for test development or validation is to review existing and emerging newer methodologies to determine which may be adequately sensitive and reproducible. Those

most likely to offer improvements over older methods will be selected and validated. When basic research findings suggest new areas of toxicology testing, NTP will undertake the appropriate methods development and validation. Examples of existing methodology that are being examined for modification are techniques used to detect impaired liver or kidney function and neurobehavioral toxicity; new areas of methods development and validation include behavioral teratology, immunotoxicology, and short term tests for presumptive carcinogenic potential.

Validation of test methods is a two stage process. First, does the procedure yield test results that are reproducible within and between laboratories? Second, does the test predict for toxic potential in humans? The latter requires that NTP pay close attention to the results of human epidemiological studies that may correlate with test results.

The NTP approach to testing will be directed to developing new or better test methods. This is not an indication of flaws in traditional toxicology or regulatory test requirements but reflects an area of science with rapidly expanding boundaries of knowledge. Thus, it is necessary that NTP have a planned strategy to validate possible alternatives that may be more reliably performed, yield new toxicologic data, yield results relevant to human disease, or develop a testing approach that produces equivalent results in a faster or more economical manner. NTP knows that its testing results often impact on regulatory or public health issues and NTP will constantly attempt to meld its innovative approaches with "standard" methods in a manner that ensures results that are germane and of utility to regulatory and public health needs. To the extent that NTP testing uses standard methods, NTP will attempt to incorporate those standards presently used by the regulatory agencies, such as the lifetime rodent bioassay. The tests used must be of the same quality as those required and used by laboratories in the private sector, e.g., in the chemical industry.

During fiscal year 1979, NTP was testing 201 chemicals for carcinogenic potential in lifetime rodent bioassays. Of these, 79 chemicals were started on bioassay in FY 79. During the year, tests were completed and reports issued on 95 chemicals; under the conditions of the tests, 47 (49.5%) were considered negative, 39 (41%) positive, and 9 (9.5%) suspect carcinogens. Reports of 44 of these chemicals are scheduled for issuance in FY 80.

A lifetime bioassay in rodents is the current procedure utilized to determine carcinogenic potential of a chemical. NTP does not propose alternative methods but acknowledges a need to develop or validate less expensive and more rapid methods that may prioritize or in some instances supplant the need for lifetime bioassays.

In vitro mammalian cell transformations are potential short term assays for indicating carcinogenic potential of a chemical. Transformation assays being evaluated include BALB/c 3T3, Fischer rat embryo (RLV infected), hamster embryo, and C3H 10T½. In FY 79, tests on 31 chemicals were initiated in hamster embryo clonal assays and the BALB/c 3T3 focus assay. These chemicals were selected based on the existence of adequate lifetime carcinogenesis bioassays and mutagenicity data derived from standardized salmonella assays. This validation initiative will be completed in FY 80.

The mouse lung adenoma model is proposed as an in vivo system for determining carcinogenic potential of a chemical in a relatively short period of time. Lung adenomas are indigenous in aging strain A mice. Treating this strain with many drugs and selected environmental contaminants found to be carcinogenic in other models has shortened the period of tumor occurrence and increased the number of adenomas in a dose related fashion. Conclusions similar to those obtained from a lifetime bioassay were obtained with this model for over 70 percent of a limited number of chemicals. In FY 79 a project plan was completed that will evaluate and validate lung adenoma occurrence in the strain A mouse as a model for screening and prioritizing candidate test chemicals. Sixty chemicals previously tested in lifetime bioassays will be tested in the strain A mouse during FY 80 and an additional 30 chemicals in FY 81. In a parallel study, tests are also planned to assure reproducibility of results and to expand the scope of the model.

During FY 80, the appearance of precursor (preneoplastic) liver lesions in hepatectomized rats treated with carcinogens will be evaluated as a potential in vivo model for predicting carcinogenesis at an early stage.

Carcinogenicity testing traditionally begins with young adult animals (typically six week old rodents). However, human chemical exposures may include the period of in utero development and infancy, as well as continued lifetime exposure. These exposures occur through exposure of pregnant workers, use of drugs, and long term accumulation and persistence of certain chemicals in the mother's body with secretion in milk. The adequacy of lifetime bioassay methods as opposed to methods that also include prenatal and neonatal exposures is being evaluated. Four chemicals are being tested: a polybrominated biphenyl, phenytoin (diphenylhydantoin), ethylene thiourea, and chlordecone (a chemical with estrogenic properties).

Inhalation bioassays for carcinogenicity usually involve a duration of exposure that is arbitrarily determined. The specialized facilities required for inhalation studies are expensive and commit scarce technical manpower for extended periods of time. Studies with mice, rats, and hamsters are in progress that use a design which varies the age of animals exposed and the duration of exposure to vinyl chloride, a known carcinogen. The objective is to provide data that permit a species comparison of tumor response and an analysis of the exposure regimens that provide a predicted carcinogenic response. The data may indicate that a period of exposure of less duration than is currently employed will provide a meaningful bioassay result. These studies are projected for completion in FY 80.

Developing knowledge about the absorption, distribution, metabolism, and excretion of chemicals selected for testing remains a major objective of NTP. Information necessary for the proper design and interpretation of toxicology and carcinogenicity studies includes knowing whether a chemical accumulates in the body, causes toxic effects directly or through formation of a metabolite, whether these events occur only at certain dose levels or if there is a species difference in the pathways or rate of chemical disposition.

One of the tasks which NCI was glad to turn over to NTP was the development of a list of "known and suspected carcinogens" along with estimates of risks to humans, population exposure, etc. This job was mandated by Congress in the renewal of the Cancer Act in 1978 following a suggestion by Sidney Wolfe, director of the Nader supported Health Research Group. The purpose was to put pressure on the regulatory agencies to move more quickly against carcinogens, as well as to inform the public.

NCI executives did not relish the prospect of trying to draw up a list which had to include "suspected carcinogens." That could be endless and wildly controversial, depending on who would be allowed to nominate suspects.

Here's how NTP is handling the job:

"In consultation with the research and regulatory agencies of the NTP Executive Committee, NTP developed an implementation plan. The 1979 calendar year report will comprise:

"1. The International Agency for Research on Cancer list of 26 human carcinogens as defined in the first 16 IARC Monographs on the Evaluation of Chemicals to Humans.

"2. The IARC list of 31 animal carcinogens which IARC considers potential human carcinogens.

"3. Those chemicals not included above which are under regulation by the regulatory agencies, and which these agencies consider to be carcinogens.

"Subsequent calendar year annual reports will consider other carcinogens as evaluated by IARC as well as other potential chemical carcinogens."

MARVIN SCHNEIDERMAN, FORMER NCI FIELD STUDIES CHIEF, TO RETIRE

Marvin Schneiderman, NCI associate director for science policy, will retire as the end of this month after 40 years of government service, 32 of them with NCI.

Schneiderman headed the Field Studies & Statistics Program in the Div. of Cancer Cause & Prevention until moving up last year into the NCI director's office.

He joined the government in 1940, working for the Census Bureau after getting his bachelor's degree in statistics. After military service, he moved to NCI in 1948.

Schneiderman received his PhD as a Rockefeller Public Service Fellow in 1959-60 at the London School of Hygiene and Tropical Medicine. He wrote his thesis on "hypersuperethical" clinical trials, discussing the minimum number of patients required to test a hypothesis.

Schneiderman said he intends to continue working in public health "one way or another."

BENACERRAF NAMED FARBER PRESIDENT; FREI WILL CONTINUE AS DIRECTOR

Baruj Benacerraf, chairman of the department of pathology at Harvard Medical School, has been appointed president and chief executive officer of the Sidney Farber Cancer Institute, effective July 1.

Emil Frei III, who has headed the institute as director and physician in chief since the death of Sidney Farber in 1973, will continue in those positions.

"The appointment of Dr. Benacerraf and the continuing service of Dr. Frei assures that at the Farber Institute there will be a scientific executive team of incomparable strength," said Richard Smith, chairman of the board, in announcing the appointment.

"Our dramatic growth made it clear that my sustaining the obligations of both the administrative and scientific roles would become increasingly demanding," Frei commented. "Dr. Benacerraf's acceptance of the responsibilities for the direction and operation of the Farber Institute will allow me to concentrate my energies on the vital clinical and clinical research programs which will be my primary concerns as director and physician in chief. Our new president is internationally renowned for his contributions to biomedical science and cancer research. I can think of no one better suited to direct the Farber Institute in its continued advancement as a world leader in cancer research, treatment and education."

During Frei's leadership, the Farber staff increased from 200 to more than 900 and the operating budget has risen from $6.6 million to nearly $30 million.

Benacerraf joined the Harvard faculty in 1970 after two years as chief of the laboratory of immunology at the National Institute of Allergy & Infectious Diseases. He was born in Venezuela, received his MD from the Medical College of Virginia, and has gained worldwide renown in pathology and immunology.

Benacerraf was among those seriously considered for the NCI director's position three years ago, before Arthur Upton was selected.

OCC: A DIFFERENT BREED OF INFORMATION OPERATIONS; SMOKING EFFORT SUCCEEDING

Most public information offices in the federal government (and at other government levels, for that matter) are limited to the traditional public relations tasks—writing press releases and dealing with reporters, presenting favorable images of their agencies to the public, the "selling" of their programs to the public and Congress.

NCI's Office of Cancer Communications, while it does have to do some of the ordinary PR jobs, is a different breed. Thanks to a 1974 amendment to the National Cancer Act, OCC is an integral part of the National Cancer Program and may well be one of the most effective cancer control tools in the program, if dissemination of information to the public and health professionals is considered part of cancer control.

The amendment requires the NCI director to "provide and contract for a program to disseminate and interpret on a current basis for practitioners and other health professionals, scientists and the general public, scientific and other information respecting cause, prevention, diagnosis and treatment of cancer."

OCC Director Paul Van Nevel reported recently to the National Cancer Advisory Board that a tremendous surge in requests from OCC publications occurred from 1978 to 1979, jumping from nine million to more than 24 million. Most of the increase came in requests for publications on smoking which Van Nevel attributed in part to increasing participation of physicians.

OCC activities for the 1979 fiscal year included:

OCC's traditional activities include responding to press inquiries; preparing news releases, press summaries announcements, and background statements for use by the press; and operating press rooms at major NCI supported scientific meetings. OCC develops reports and publications, e.g., congressional testimony; reports required by law; special reports for the byline of NCI's director; and a wide variety of

publications for public and professional audience.

OCC develops exhibits aimed primarily at health professionals and scientists. They are used at scientific and professional meetings each year, and provide audiences with information on cancer and how to tap resources available through NCI and other organizations.

The office also responds to public inquiries: those requiring both customized and noncustomized written responses, and controlled and congressional inquiries. The office distributes publications, and replies to inquiries by regular telephone and to a special toll free number. It provides backup service to 19 Cancer Information Services (toll free inquiry systems) which received last year more than 100,000 calls. Seventy-five percent of these CIS inquiries are from patients, or their relatives or friends. A speakers bureau is operated nationally by OCC, with 300 registered speakers, and handling all cancer topics for all possible audiences.

OCC maintains awareness of communications activities of all participants of the National Cancer Program, assuring that there is a minimum of unneeded duplication, and identifying and filling gaps in communications programming.

OCC operates a national Cancer Information Clearinghouse that maintains awareness of cancer related informational and educational materials and services produced or used by the cancer community. The clearinghouse responds to requests for information about available informational and educational materials and services, promotes the use of existing informational and educational materials and services, and identifies areas where needed materials and services do not exist.

OCC's approach to information dissemination is to reach out to target audiences through intermediary groups which have best access to the chosen audiences. The types of intermediary organizations with which OCC is involved are: cancer related (cancer centers, cancer societies); noncancer related (fraternal organizations, medical societies, community groups, etc.); and the mass media. Organized dissemination projects are under way in the areas of smoking information, breast cancer information, and coping with cancer. An organized dissemination project is planned in the area of environmental carcinogens. Other areas of special emphasis are: pretesting and evaluation of all communications projects; communication with minority audiences; an internship program for graduate students in journalism, communications, etc.; and support for 19 Cancer Information Service offices operated by comprehensive cancer centers.

The "Asbestos Awareness Program," a public campaign initiated in 1978 to make available to as many Americans as possible information about the asbestos problem, was carried over into 1979. Completion of this program saw the accomplishment of the mailing of asbestos warnings to 40 million Civil Service retirees and Social Security beneficiaries; use of public service announcements by many newspapers, and radio and television outlets across the country; and the distribution of more than 2.5 million asbestos publications.

Also carried over to 1979 was the campaign to alert persons exposed to DES (diethylstilbestrol) before birth. Smoking programs have been vigorously pursued. These include the distribution of the "Helping Smokers Quit Kit," distributed to over 50,000 physicians; dissemination of bibliographies and other informational materials to such targets as youth groups, nurses, persons in the workplace, minorities, and the news media.

Elaine Bratic, chief of OCC's Information Projects Branch, and Bernard Ellis, program director for smoking information activities, reported on the antismoking efforts the office is making.

The branch is engaged in a number of projects intended to help smokers who want to quit, either directly or through health professionals; assist school officials and others interested in education to develop smoking cessation programs for youth; develop approaches to utilize the workplace and education materials aimed at high risk minority audiences; and stimulate smoking related efforts through the print and audiovisual media. These activities are being developed and implemented in cooperation with other public and private health organizations so that these smoking programs will contribute to an overall coordinated effort.

The following projects are underway:

Health Professionals

1. "Helping Smokers Quit" Kit. Intended for use by a physician with his/her patients who want to quit smoking, the kit has been prepared and distributed to more than 50,000 physicians. The availability of the kit was announced through a mass mailing of a promotional flyer, presentation at several medical conventions, and print and editorial coverage in numerous medical newsletters. In addition special mailings were undertaken with many public and private health agencies.

A field evaluation of the kit is underway in three communities (Los Angeles, Albuquerque and Boston) with four patient populations (general practice/internal medicine patients, heart/lung patients, expectant mothers and a high risk industrial population of uranium miners). Results of this evaluation and others will be used in future modifications of the kit.

2. "Everyone Can Do Something About Smoking" program kit. Developed with the American Academy of Family Physicians and the American Lung Assn., this contains a slide-tape show designed for presentation by a physician and voluntary health organization to dispel the myth that efforts to curtail smoking have been fruitless and to stimulate new community activities related to smoking. The kit, narrated by

Dick Cavett, has been purchased by 150 ALA chapters, and several hundred kits are being purchased by the AAFP for a lending library for members. In addition, 25 kits have been provided to the Cancer Information Service programs nationwide.

3. Program for/with nurses. Collaboration with the Nurses Assn. of the American College of Obstetricians and Gynecologists and the National Interagency Coun Council on Smoking & Health has helped to collect information from nurses about their smoking attitudes and behavior, and about programs which currently exist for smoking nurses who want to quit, and for nurses to help smoking patients. This information is being used in a three-part series of articles on smoking and health in the NAACOG Bulletin and as the basis for expanded activity with other nurses' associations in the future.

Youth

1. Smoking Programs for Youth. An offshoot of The Smoking Digest, this booklet discusses the issues related to adolescent smoking, and summarizes policies, curricula, and counseling programs related to smoking prevention/cessation in primary and secondary schools.

2. Smoking and Health Bibliography. Approximately 10,000 copies of this listing of available print and audiovisual smoking education materials have been distributed. A school edition has been prepared by the Cancer Information Clearinghouse and will be distributed to over 150,000 elementary and high school principals, school and public libraries nationwide.

Smoking and the Workplace

The branch has worked with the National Interagency Council on Smoking & Health to collect information on existing smoking policies and programs in 3,000 American corporations. This information will be compiled into a report of the current state of affairs vis-a-vis smoking programs in the workplace. This report will be useful to NICSH members and other public and private health agencies with an interest in developing workplace-based programs. This information will be used in the development of a guidebook, "How to Start Smoking Programs In Your Company."

2. In addition to developing materials of interest to management, the branch is working with the AFL-CIO and member unions to develop smoking programs of benefit to union members. Labor input will be sought for all program plans, and information programs utilizing union communication channels are planned.

Minorities

As a result of the Office of Smoking & Health's recent Planning Conference on Smoking and Health in Minority Communities, the branch plans to initiate the following activities:

1. Promotion of the "Helping Smokers Quit" Kit to minority physicians.

2. Promotion of "Clearing the Air" and the Smoking Digest. NCI's "Clearing the Air" is a compilation of methods and techniques for giving up cigarettes. IPB will actively promote its availability in lay and professional publications with Hispanic and Black readership. In addition, the booklet will be translated into Spanish, with appropriate adjustments in format and graphic design.

3. Article Placement. The branch will prepare articles which discuss the health effects of smoking, demographics and other information on smoking specific to Blacks and Hispanics.

4. Development of Public Service Announcements. A series of 10, 20, 30 and 60-second radio scripts in English and Spanish will be distributed to Cancer Information Service offices, which can reach 80 percent of the Black population and 85 percent of the Hispanic population of the United States.

Media

The branch has worked closely with the media to provide information to encourage smokers to quit, and assist them to do so.

1. "Good Morning America" program. Last spring, the branch assisted the staff of "Good Morning America" in producing a three-part series on ways to quit smoking. As a service to viewers, the branch provided copies of "Clearing the Air" to all interested parties in conjunction with the program. Over 21,000 requests were processed in the month following the program.

2. "Clearing the Air" promotion through mass and specialized media.

3. PSAs on Smoking. Working with the nationwide Cancer Information Service network, the branch developed a slide and 10-second script to encourage smokers who want to quit to call their local CIS for assistance. This activity was undertaken to support the release of the Surgeon General's Report, but has continued throughout the year. (Smoking related calls increased by 800 percent as a result of slide usage in January and February. In addition, total calls received by CISs doubled as a result of this campaign.)

Ellis said that physicians are leading the country in quitting smoking, "and many of them want to become involved. They do have an impact on their patients. Six percent of a physician's patients quit when he spends a few minutes with them on the subject."

NCAB member Sheldon Samuels, an AFL-CIO official, questioned the value of the program's effort to involve unions. "One principle of adult education is that education in a hostile environment is not good," Samuels said. "Unfortunately, too many work places are hostile."

Ellis noted that antismoking efforts by NCI and others, primarily the American Cancer Society, have had a major impact. Since 1964, the percentage of male adults who smoke has declined from 53 to 33; and of adult females, from 32 to 30. He acknow-

ledged that smoking by female teenagers has been increasing, but overall, teenage smoking over the last four years has dropped from 25% to less than 20%. "I hasten to emphasize those figures are for cigarette smoking," Ellis said.

"We've heard that you can't stop cigarette smoking," Acting Director Vincent DeVita said. "I think we can, and we are."

BAYH TO RECEIVE ACCC AWARD, DEVITA WILL BE SPEAKER AT ANNUAL MEETING

Sen. Birch Bayh (D.-Ind.) will receive the Assn. of Community Cancer Centers award for outstanding contributions to community cancer care at the ACCC annual meeting next month.

Bayh, member of the Senate HEW Appropriations Subcommittee, played a key role in securing the $67 million Congress added to NCI appropriations for the current fiscal year, bringing the total to $1 billion. He also defended successfully against efforts by the House to slash $15 million from the Cancer Control and construction budgets, cuts that could have had a serious impact on some community programs.

NCI Acting Director Vincent DeVita will be the luncheon speaker on the second day of the meeting.

The annual meeting is scheduled March 7-9, at the Shoreham Hotel in Washington.

NCI CONTRACT AWARDS

Title: Breast Cancer Detection Demonstration Project, six-month phase out
Contractor: College of Medicine & Dentistry, New Jersey, $94,372.

Title: Development of immunodiagnostic tests for cancer, continuation
Contractor: Georgia State Univ., $78,454.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer, or Contract Specialist for copies of the RFP, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Address requests to the contract officer or specialist named, NCI Research Contracts Branch, the appropriate section, as follows:
Biology & Diagnosis Section and Biological Carcinogenesis & Field Studies Section—Landow Building, Bethesda, Md. 20205; Control & Rehabilitation Section, Chemical & Physical Carcinogenesis Section, Treatment Section, Office of the Director Section—Blair Building, Silver Spring, Md. 20910. Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP N01-CM-07322-14

Title: *Literature monitoring service*
Deadline: *Approximately May 15*

Literature review service for identifying new compounds published in the chemical, biochemical and biological literature which warrant acquisition for screening as potential anticancer agents.

Specifically, the contractor shall: a) utilize primary literature sources and published abstract services to survey published works in chemistry, biochemistry and biology; b) work closely with the DS&CB staff to become familiar with the characteristics of new compounds particularly suitable for anticancer screening; c) provide best efforts to identify new compounds reported in the literature which may warrant acquisition; d) at timely intervals, provide the project officer with summary reports, in acceptable format, including all new compounds identified by the contractor and brief statements to support the recommendations made; e) the project officer will review the contractors reports to select the compounds to be acquired. The contractor will provide, at the project officer's request, photocopies of scientific papers in which the selected compound and/or its biological effect was reported, after translation into English if required; f) provide the bibliographic information necessary to implement direct mail acquisition of compounds selected by the project officer; g) in lieu of direct mail acquisition, the project officer may elect to acquire a compound by resynthesis. In this case, the contractor will provide, as far as possible, relevant publications describing the synthesis of the compound.

It is planned that one contract will be awarded for an incrementally funded three year period of performance. It is anticipated that a cost-reimbursement type contract will be awarded requiring a level of approximately 2.2 man years in the first year, 2.1 man years for the second year and 2.0 man years, third year.

Based upon the task outlined above, the offeror shall propose a level of effort essential to perform the work. The project team shall consist of organic or medicinal chemist(s) and biologist(s) at least at the masters degree level (or equivalent) on a full or part-time basis. The principal investigator shall be an organic or medicinal chemist having experience in literature research techniques. The offeror shall indicate the anticipated clerical support required.

Contract Specialist: Susan Hoffman
Cancer Treatment
301-427-8737

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